Case 19-12097-mdc Doc 126 Filed 02/09/22 Entered 02/09/22 13:31:35 Desc Main Document Page 1 of 2

Debtor 1 Joseph Walker First Name Middle Name Last Name Debtor 2	
DOMO: E	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: _ Eastern District of Pennsylvania	
Case number (If known) Check if this is:	
An amended filing A supplement showing pos	atnotition abouter 12
income as of the following	
Official Form 106I	
Schedule I: Your Income AMENDED	12/15
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include informati if you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every Part 1: Describe Employment	on about your spouse. needed, attach a
1. Fill in your employment information. Debtor 1 Debtor 2 or non-	filing spouse
If you have more than one job, attach a separate page with information about additional employers. Employment status □ Employed □ Employed □ Not employed	
Include part-time, seasonal, or self-employed work.	
Occupation may include student or homemaker, if it applies.	
Employer's name	
Employer's address	
Number Street Number Street —————————————————————————————————	
City Chata 7ID Codo City	State ZID Code
City State ZIP Code City How long employed there?	State ZIP Code
Tiow long employed dieles	
Part 2: Give Details About Monthly Income	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Income spouse unless you are separated.	,
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lip below. If you need more space, attach a separate sheet to this form.	nes
For Debtor 1 For Debtor 2 or non-filing spouse	
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$	
3. Estimate and list monthly overtime pay. 3. +\s 0.00 +\s	
4. Calculate gross income. Add line 2 + line 3. 4. \$ \$]

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Desc Main

page 2

Middle Name

For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here..... 5. List all payroll deductions: 0.00 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. Insurance 5e. 0.00 5f. Domestic support obligations 5f 0.00 5g. Union dues 5g. 0.00 5h. Other deductions. Specify: _ 5h. 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a. 0.00 8b. Interest and dividends 8h 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive 0.00 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c 0.00 8d. Unemployment compensation 8d. 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Public Assistance, SSI - disability, TANF Public Assistance, LIHEAP 1,535.00 0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: Anticipated tax refund for overpayment of inco 8h. 50.00 1,585.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. 1,585.00 1,585.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. **+** Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,585.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Debtor may get approx. \$600.00 tax refund of U.C. taxes and additional Child Care Credits for 2020 and Yes. Explain: 2021. TANF will end in Apr. 2022. Income includes anticipated LIHEAP.